TITLE V Part A State Grants for Innovative Programs

FINANCIAL STATUS REPORT (Claim Form)

LEA NAME ADDRESS				REPORTING PERIOD FISCAL YEAR BUDGET NUMBER	
	(A) APPROVED BUDGET	(B) PREVIOUSLY CLAIMED EXPENDITURES	(C) CURRENTLY CLAIMED EXPENDITURES	(D) TOTAL CLAIMED EXPENDITURES	(E) BUDGET BALANCE
[1] SALARIES EMPLOYEE [2] BENEFITS PURCHASED [3] SERVICES SUPPLIES & [4] MATERIALS [5] SUBTOTAL [6] INDIRECT COSTS					
CAPITAL [7] ACQUISITIONS GRAND [8] TOTAL					
[10] FUNDS RECEIVED OR REQUES THIS REPORT (FROM LINE 1 [11] TOTAL CLAIMED EXPENDITUR [12] FUNDS REQUESTED THIS PER (LINE 11 MINUS LINE 10) Should equal column C, 1 [13] TOTAL FUNDS REQUESTED OR THIS REPORT PERIOD (LINE [14] OBLIGATIONS PAID AFTER J If using the Transferab should equal line 12. application. School disfunding source. Only t	3 PREVIOUS CLAIM) ES (COLUMN D) S IOD ine 8 and total under lin \$ RECEIVED THRU 10 PLUS LINE 12) UNE 30TH \$ illity option indicate Available fund balance tricts are required to	below the appropriss should be obtains track funds used f	ate funds to be exed from your approfor allowable Tran	ved Transferability t	able in your
[15] TR	ANSFERABILITY-SOURCE OF	FUNDS	REVENUE CODE	BUDGETED AMOUNT	CURRENT CLAIMED AMOUNT
TITLE II Part A			4159		
TITLE IV Part A			4176 4157		
I DECLARE AND AFFIRM UNDER THE EXAMINED BY ME, AND TO THE BETRUE AND CORRECT. SIGNATURE OF DESIGNATED	ST OF MY KNOWLEDGE AND BELII			PHONE NUMBER For Office Use Only:	DATE
				Payment entered: Date	